

DEC 21 2004

TELEFAX COVER SHEET

MOSER, PATTERSON & SHERIDAN, LLP

ATTORNEYS AT LAW
 595 SHREWSBURY AVENUE
 SUITE 100
 SHREWSBURY, NJ 07702
 TELEPHONE (732) 530-9404
 TELEFAX (732) 530-9808

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THIS MESSAGE HAS 13 PAGES INCLUDING THIS SHEET

TO: Commissioner for PatentsFAX NO.: 703-872-9306FROM: Keith Taboada, Esq.DATE: December 21, 2004MATTER: Serial No. 10/716,096 Filed: November 18, 2003DOCKET NO.: 761C4/CPI/L/B/PJSAPPLICANT: Danek, et al.

The following has been received in the U.S. Patent and Trademark Office on the date of this facsimile:

<input type="checkbox"/> Petition	<input type="checkbox"/> Transmittal Letter (2 copies)
<input type="checkbox"/> Disclosure Statement & PTO-1449	<input checked="" type="checkbox"/> Fee Transmittal (2 copies)
<input type="checkbox"/> Priority Document	<input checked="" type="checkbox"/> Deposit Account Transaction
<input type="checkbox"/> Drawings (<u> </u> sheets) informal	<input checked="" type="checkbox"/> Facsimile Transmission Certificate
<input type="checkbox"/> Amendment	dated <u>December 21, 2004</u>
<input checked="" type="checkbox"/> Response to Office Action (10 pages)	

CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. §1.8

I hereby certify that this correspondence is being transmitted by facsimile to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 21, 2004, Facsimile No. (703) 872-9306.

Allyson M. DeVesty
 Name of person signing this certificate

Allyson M. DeVesty 12-21-04
 Signature and date

326260

DEC 21 2004

PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 100)

Complete if Known

Application Number	10/716,096
Filing Date	November 18, 2003
First Named Inventor	Danek, et al.
Examiner Name	Jeffrie Robert Lund
Art Unit	1763
Attorney Docket No.	761C4/CPI/L/B/PJS

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Nonc Other (please identify): _____

Deposit Account Deposit Account Number: 20-0782 Deposit Account Name: Moser, Patterson & Sheridan

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity	Fee (\$)	Fee (\$)
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Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
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24	- 20 or HP =	2	x \$50 =	\$100		
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HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
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2	- 3 or HP =	0	x \$200 =	\$0		
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HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

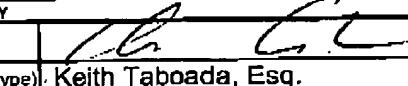
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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100	/ 50 =	(round up to a whole number)	x \$250 =	
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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY		Registration No. (Attorney/Agent)	45,150	Telephone (732) 530-9404
Signature				Date 12-21-04
Name (Print/Type)	Keith Taboada, Esq.			

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/M7 (12-04)

Approved for use through 07/31/2006. OMB 0651-0232

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 100)

Complete If Known

Application Number	10/716,098
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First Named Inventor	Danek, et al.
Examiner Name	Jeffrie Robert Lund
Art Unit	1763
Attorney Docket No.	761C4/CPI/L/B/PJS

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

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under 37 CFR 1.16 and 1.17

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Provisional	200	100	0	0	0	0	

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Fee (\$): 50 Small Entity Fee (\$): 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Fee (\$): 200 Small Entity Fee (\$): 100

Multiple dependent claims

Fee (\$): 360 Small Entity Fee (\$): 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
24 - 20 or HP =	2	50	\$100

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
2 - 3 or HP =	0	200	\$0

HP = highest number of independent claims paid for, if greater than 3

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	\$250	

4. OTHER FEE(\$)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY	Signature	Registration No. (Attorney/Agent)	Telephone
Signature		45,150	(732) 530-9404
Name (Print/Type)	Keith Taboada, Esq.		Date 12-21-04

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete. Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DEC 21 2004

RESPONSE TO OFFICE ACTION
Serial No. 10/716,096
Page 1 of 10IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

PATENT APPLICATION

Applicant: **Danek, et al.**Case: **761C4/CPI/L/B/PJS**Serial No.: **10/716,096**Filed: **November 18, 2003**Examiner: **Lund, Jeffrie Robert**Group Art Unit: **1763**Confirmation No.: **4854**Title: **CHAMBER FOR CONSTRUCTING A FILM ON A SEMICONDUCTOR
WAFER**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SIR:

RESPONSE TO OFFICE ACTION DATED OCTOBER 1, 2004

Please enter this response to the Office Action dated October 1, 2004, having a shortened statutory period for response set to expire on January 1, 2005. Please reconsider the claims pending in the application for reasons discussed below. The Applicants believe that an excess claim fee of \$100.00 is due in connection with this response. However, the Commissioner is hereby authorized to charge counsel's Deposit Account No. 20-0782 for that and any other fees, including extension of time fees or excess claim fees, required to make this response timely and acceptable to the Office.

323945

PAGE 4/13 * RCVD AT 12/21/2004 2:53:02 PM [Eastern Standard Time] * SVR:USPTO-EXRF-1/2 * DNIS:8729306 * CSID:732 530 9808 * DURATION (mm:ss):05:32